



The Hong Kong Medical Association 香港醫學會

Hong Kong Doctors Homepage Entry Form 香港醫生網登記表格

<http://www.hkdoctors.org>

Please fill in the blanks in both English and Chinese, in BLOCK LETTERS. If space is not enough, please attach papers.
登錄資料將以中英對照，請填妥中英文內容，方便處理。如填寫空間不足，請附加紙張。

HKMA Membership no. (if any) 香港醫學會會員號碼 (若適用): Gender 性別: M / F
MCHK Registration no. 香港醫務委員會登記號碼: M

Name in English: _____ 中文姓名: _____

Quotable Qualifications (with year(s) obtained):
[For a list of quotable qualifications, please refer to http://www.mchk.org.hk/quotable_qualifications.doc]
准予引述的專業資格 (請註明考取資格年份):
[准予引述的專業資格名單可於左列網頁下載]

① _____
② _____
③ _____
④ _____
⑤ _____

Office Address (one only): _____ 辦公室地址 (只限一個): _____

In which of the 18 Districts: _____ 位於十八區之中哪一區: _____

Range of Consultation Fees 診金: _____

Consultation Hours: Mon Tue Wed Thu Fri Sat Sun **Time 時間**

診症時間 _____ : _____ : _____ to _____ : _____ : _____
(24-hours format) _____ : _____ : _____ to _____ : _____ : _____
(廿四小時制) _____ : _____ : _____ to _____ : _____ : _____

Emergency Service Available 提供緊急應診服務: Yes 有 No 無 **Pager 傳呼機:** _____

Office Tel. 辦公室電話 (one only): _____ **Mobile Phone 手提電話:** _____

Office Fax 辦公室傳真 (one only): _____ **Secured Fax No. 保密傳真:** _____
(for updates of patient information)

E-mail Address 電郵地址 (one only): _____

Type of Practice 執業類別 Private 私人 Hospital Authority 醫院管理局 University 大學
 Government 政府 Others 其他 (Please specify)

Language(s) / Dialect(s) spoken 語言或方言: Cantonese 廣東話 English 英語 Mandarin (Putonghua) 普通話
 Others 其他 (please specify 請註明)

Specialties as registered with the Medical Council of Hong Kong: (Please refer to <http://www.mchk.org.hk/doctor/specialist.htm>)
在醫務委員會註冊的專科: _____

Affiliated Hospital(s) 使用醫院: _____

Medical services available in your office (5 items only): _____ 你診所內所提供的醫療服務項目 (只限五項):
① _____
② _____
③ _____
④ _____
⑤ _____

Medical services provided other than in your office (5 only): _____ 你在診所以外所提供的醫療服務項目 (只限五項):
① _____
② _____
③ _____
④ _____
⑤ _____

Medical procedures and operations (5 items only) and range of doctor's fees optional (<i>List only those that you have received adequate training and use nomenclatures as promulgated by the Hong Kong Academy of Medicine, if any.</i>)	提供的醫療手術 (只限五項) - 可註明各項收費 (只可列出曾接受適當訓練的項目。程序及手術的名稱, 如香港醫學專科學院有所公佈, 必須以此為準。)
① _____	_____
② _____	_____
③ _____	_____
④ _____	_____
⑤ _____	_____

Graphics 圖片

You can choose to have your **passport photo** and/or your **location map** posted on your practice page. *Please submit a softcopy in a PC compatible format stored in a floppy disk or CD Rom with a total file size of not larger than 1 megabyte (mb). If a hard copy is submitted, a scanning fee of \$50 will be required.*
 你可選擇將你的證件照片及/或你的診所位置地圖刊載於醫生網上。請將小於 1 mb 的電子圖片檔存於磁碟或光碟內連同本表格寄回。圖片掃描費為港幣五十元正。

The following information will be placed in password-protected area accessible by fellow doctors only					
以下資料只會刊載於密碼保護區中讓其他醫生瀏覽					
Publications (maximum five publications): ① _____ ② _____ ③ _____ ④ _____ ⑤ _____	著作 (只限五項): _____ _____ _____ _____ _____				
Area of special interest (medical only): _____ _____	專注 (醫學) 範圍: _____ _____				
Public Services / Offices: _____ _____	公職: _____ _____				
Hobbies 興趣: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Collections 收藏 ○ Antiques 古玩 ○ Gems & Stones 寶石 ○ Musical Instruments 樂器 ○ Porcelain and Potteries 陶瓷 ○ Painting & Calligraphy 油畫及書法 ○ Stamps 郵票 Technology 科技 ○ Computer 電腦 ○ Hi-Fi and Audiovisual Systems 視聽音響器材 </td> <td style="width: 33%; vertical-align: top;"> Sports 運動 ○ Aquatics Sports 水上運動 ○ Boating & Sailing 划船及航海 ○ Bikes 單車 ○ Fishing 釣魚 ○ Golf 高爾夫球 ○ Hiking & Running 行山及跑步 ○ Rock Climbing 攀石 ○ Snooker 桌球 ○ Tai Chi 太極 </td> <td style="width: 33%; vertical-align: top;"> ○ War Game 戰爭遊戲 Others 其他 ○ Aviation 航空 ○ Ballroom Dancing 社交舞 ○ Karaoke 卡拉 OK ○ Pets 寵物 ○ Photography 攝影 ○ Scale Models 模型 ○ Wine & Fine Cuisine 美酒佳餚 ○ _____ </td> </tr> </table>			Collections 收藏 ○ Antiques 古玩 ○ Gems & Stones 寶石 ○ Musical Instruments 樂器 ○ Porcelain and Potteries 陶瓷 ○ Painting & Calligraphy 油畫及書法 ○ Stamps 郵票 Technology 科技 ○ Computer 電腦 ○ Hi-Fi and Audiovisual Systems 視聽音響器材	Sports 運動 ○ Aquatics Sports 水上運動 ○ Boating & Sailing 划船及航海 ○ Bikes 單車 ○ Fishing 釣魚 ○ Golf 高爾夫球 ○ Hiking & Running 行山及跑步 ○ Rock Climbing 攀石 ○ Snooker 桌球 ○ Tai Chi 太極	○ War Game 戰爭遊戲 Others 其他 ○ Aviation 航空 ○ Ballroom Dancing 社交舞 ○ Karaoke 卡拉 OK ○ Pets 寵物 ○ Photography 攝影 ○ Scale Models 模型 ○ Wine & Fine Cuisine 美酒佳餚 ○ _____
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*Please check this box if you wish to **opt out** from the **Hong Kong Doctors Homepage**, your name would be deleted entirely from the database of the project.*
 如不欲參加香港醫生網, 請選擇此方格。閣下所有資料將從有關資料庫中刪除。

I certify the information given above are true and correct. 本人謹此聲明, 以上內容全屬真實。

簽署 _____ **日期** _____
Signature: _____ **Date:** _____

*Personal Data collected will be used and processed for the purposes as stated in **Circular No.1196** and those related to the work of the HKMA Enhancement of Private-Public Interface Program only. You are at liberty to correct/update your information by contacting the Association Secretariat in person, via fax, mail or e-mail. 以上資料只會用於香港醫生網及香港醫學會公私營緊密合作計劃。閣下可隨時透過電郵、傳真、郵遞或親臨香港醫學會秘書處更新資料。*

Please complete and return this Form (with a crossed cheque, if applicable) to the Hong Kong Medical Association 5th floor, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong. 請填妥表格, 連同劃線支票(若適用), 寄回香港灣仔軒尼詩道 15 號溫莎公爵社會服務大廈 5 樓, 香港醫學會收。